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## \*BIBDATASHEET\*

CONFIRMATION NO. 7955

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/809,831	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 031673-3000
<b>APPLICANTS</b> Thomas R. Kozel, Reno, NV; William J. Murphy, Reno, NV; Suzanne Brandt, Reno, NV; Peter Thorkildson, Reno, NV; Ann Percival, Reno, NV; Bruce R. Blazar, Golden Valley, MN; Julie A. Lovchik, Albuquerque, NM; C. Rick Lyons, Albuquerque, NM;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/502,533 09/12/2003 and claims benefit of 60/529,625 12/16/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> NV	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 22204				
<b>TITLE</b> Compositions and methods for detection, prevention, and treatment of anthrax and other infectious diseases				
<b>FILING FEE RECEIVED</b> 1546	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	